## JEFFERSON COUNTY LICENSING DEPT 302 E. Broad Street, P.O. Box 8 11. Louisville, GA 30434 478-625-4032 - Telephone 478-625-0597 - Fax

## Application:

Occupational Tax Certificate (F/K/A Business License)

(For elarification in the context of this application, the term Occupational Tax Certificate and Business License shall have the same meaning.)

	New Li	icense Renewal	Year: #		
ection A:		en de la company	<u></u>	<u> </u>	**** * 1
Business Description:					
	[You are require	d to list <u>in detail</u> all service and	product types render	ed.]	
	Business Location (Check One)	Commercial/Business Lo	ot In/At Home	Mobile/Door-To-Doo	or .
Street Address:	•				
Mailing Address:					
	(if Different fo	rom "Street Address" above, If	same, indicate "same	7	
Telephone Number:			<u> </u>		
GA Sales Tax Number (F	For Retail Stores Only):			<u> </u>	
Federal Identification N	lumber or Social Security Number:				
Section B-1:					
Applicant Is: (Check On Applicant's Name:	e) Owner Manager Employ	ree Other:			
Applicant Is: (Check On	e) Owner Manager Employ  (First)		iddle Initial)		(Last)
Applicant Is: (Check On	(First)		iddle initial)		(Last)
Applicant Is: (Check On Applicant's Name:	(First) dress:		iddle Initial)		(Last)
Applicant is: (Check On Applicant's Name: Applicant's (Home) Add	(First) dress:		iddle Initial)		(Last)
Applicant is: (Check On Applicant's Name: Applicant's (Home) Add	(First) dress: ephone Number:	(M			(Last)
Applicant Is: (Check On Applicant's Name: Applicant's (Home) Add Applicant's (Home) Tele	(First)  dress:  ephone Number:  {If same as "A			e")	(Last)
Applicant Is: (Check On Applicant's Name:  Applicant's (Home) Add Applicant's (Home) Tele  Section B-2:  Business Owner's Name	(First)  dress:  ephone Number:  {If same as "Al	(M		e")	(Last)
Applicant Is: (Check On Applicant's Name:  Applicant's (Home) Add Applicant's (Home) Teles  Section B-2:  Business Owner's Name Owner's (Home) Addres	(First) dress: ephone Number:  {If same as "Aperican series serie	(M		e"}	(Last)
Applicant Is: (Check On Applicant's Name:  Applicant's (Home) Add Applicant's (Home) Teles  Section B-2:  Business Owner's Name Owner's (Home) Addres  Owner's (Telephone) N	(First) dress: ephone Number:  {If same as "A  e:	(M		e"}	(Last)
Applicant Is: (Check On Applicant's Name:  Applicant's (Home) Add Applicant's (Home) Teles  Section B-2:  Business Owner's Name Owner's (Home) Addres	(First) dress: ephone Number:  {If same as "A  e:	(M		e")	(Last)
Applicant Is: (Check On Applicant's Name:  Applicant's (Home) Add Applicant's (Home) Teles  Section B-2:  Business Owner's Name Owner's (Home) Addres  Owner's (Telephone) N	(First) dress: ephone Number:  {If same as "A  e:	(M		e")	(Last)

## Required Confirmations OFFICE USE ONLY

If any of the following are checked	i, you must first have those dep	variation is approved prior to issuance of a business measure
<u> </u>	Mara No.	Signature:
Planning/Zoning Dept. approved?	Yes No	Signature.
Code Enforcement approved?	Yes No	Signature:
Alcohol License Compliance appro	ved? Yes No	Signature:
Jefferson County Health Dept. app	roved? Yes No _	Signature:
Other: Approv	ed? YesNo	Signature:
Businessian State Cortification Num	her.	
Mobile: Bond Liability Insurance: (	Insurance Company name:	Policy#
Widdle. Bolla Elability modification (		
Section E:		
	Occupation Tax (B	usiness License)
	Occupation tax (b)	
Occupation Tax Schedule:		
Number of Employees:		
. ,		
Up to 5	\$40.00	
6-10	\$60.00	
11-20	\$85.00	
21-30	\$100.00	
31-40	\$180.00	
41-50	\$300.00	
More than 50 Employees	\$500.00	•
The number of employees include	es full-time equivalent	working for the business. The fractional
working ties of part-time employe	ees are combined and	rounded to provide a more accurate estimate
of full-time equivalent employee	s. The owner and other	family members working for the business,
whether, paid or not, shall be inc	luded in the count.	•
Whether, paid of hot shall be me		
Carnivals	\$300/Week	
Pawnbrokers	\$150.00	
Massage Parlors	\$1,000.00	
Auto and Motorcycle racing	\$500.00	
Fortune Tellers	\$1000.00	
Adult Book Store	\$1000.00	
Peddlers	\$50.00/Day or \$!	500.00 Week

I hereby warrant that I fully understand the information requested and/or stated above, and that the information submitted herein is true and factual to

dministrator or his designee, shall constitute grounds for revocation		·	Date:		
		Office Use (Do Not Write	e Below This Line)	and the second of the second o	
Occupational Tax Fe	ee; \$ Based On: Employees	Flat Fee Mobile Bus			
Mailed Hand Deli	ivered W/Pick Up Other:				
51C#:	Map/Parcel#:		Other:	ļ	